

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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AARP

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Mattson	Harry	A	545-6005
MAILING ADDRESS (Street)			FAX
1132 Bishop St #192			537-2288
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
AARP			
MAILING ADDRESS (Street)			FAX
Same			
(City)	(State)	(Zip Code)	

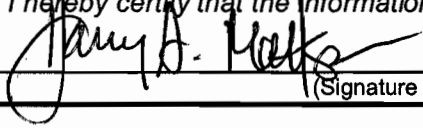
PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
AARP	
MAILING ADDRESS (Street)	FAX
Same	
(City)	(State) (Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Harry Mattson	
MAILING ADDRESS (Street)	FAX
Sam	
(City)	(State) (Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

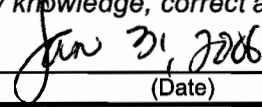
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture   | <input checked="" type="checkbox"/> Education                       | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                           | <input checked="" type="checkbox"/> Labor & Employment                      | <input checked="" type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input checked="" type="checkbox"/> Health                          | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing                         | <input checked="" type="checkbox"/> Public Safety & Corrections             | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)



(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Barbara Kim Stanton

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

State Director

NAME OF ORGANIZATION (if applicable)

AARP

TELEPHONE

MAILING ADDRESS (Street)

Same

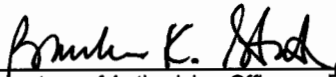
FAX

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

(Date)